

Quality Assurance Review Process for Medicaid Waiver-funded Behavior Support Providers

Selection

Providers are reviewed for quality/compliance with Behavior Support Services (BSS) standards in alphabetical order and when complaints are received related to the quality of services being provided. When a new provider is approved and enrolled by DHHS, that provider is added to the approved provider list and reviewed when his/her name comes up in the order, unless that is within 6 months of enrollment. In that scenario, the new provider is not reviewed until the next time through the order. Depending on how many providers are active and how many reviews can be completed per year, each provider can reasonably expect to be reviewed once every 2 – 4 years, unless complaints are submitted concerning his/her work.

Process

When selected for review, the Behavior Support provider is notified in writing by the Center for Disability Resources at the University of South Carolina (CDR) of the intent to review. CDR, following procedures developed with DDSN, selects one local provider agency at which to conduct the review and requests that agency to provide a list of all people who receive BSS from the approved BSS provider. A random selection is conducted to select four (4) files for review. The BSS provider is then requested to provide the required documents from the his/her file for the four (4) randomly selected consumers on his/her caseload. Documents may be submitted either on a digital medium or paper copy, but must be the signed version when a signature is required. The first three (3) consumers' files are reviewed, unless one of them is a primarily psychiatric case. In that scenario, the fourth (4th) consumer's file is reviewed as an alternate to the psychiatric case.

The review process includes review of the written materials listed below and an on-site review by an ABA/PBS expert contractor (including interviews with staff and observation) for the purpose of verifying information contained in the written materials and, where possible, crediting work that could not be found in the file but which is evident from the interviews and/or observation. The provider is given the opportunity to conference with the reviewer during the on-site portion of the review to discuss the reviewer's draft impressions/findings.

Following the review, the provider receives a written report from the Program Manager at DDSN detailing the findings and scoring, and describing any required corrective action and/or change in provider status. The provider is also notified of the right to appeal any change in status and the process for so doing.

Relevant Documents

- Current Behavior Support Plan (BSP)
- Previous BSP
- 12 months notes of contacts with Service Coordinator / Case Manager, Day Program, Residential Program or other DSN Board or DDSN-contracted provider personnel
- Record(s) of all training related to the current and previous BSP over the prior 12 months

- Current Waiver Authorization for Behavior Support services
- Current DDSN Support Plan
- Previous DDSN Support Plan
- Progress notes for past 12 months
- Incident Reports that are due to behavior for past 12 months
- Any related documents or reports produced by the Behavior Support provider, such as “functional assessment”, “functional analysis”, “behavior assessment”, etc.

Scoring & Status

The provider’s work samples are scored using the Behavior Support QA Review Tool, which is directly correlated to the current service standards. The provider must meet each standard by scoring at least 80 points out of 100 on the sub-components of that standard.

A plan of corrections (POC) is required within 30 days of notice from providers who do not meet all service standards, and a follow up review is conducted a minimum of 90 days later, using one (1) file from the initial sample and two (2) additional files, to verify corrective action. During the corrective period, the provider is suspended from receiving additional referrals. Should the provider fail to meet all standards upon follow up review, DDSN requests to DHHS that he/she be removed from the approved provider list, and all active waiver BSS authorizations to that provider are terminated.